

SHIIP NEWS

Nebraska Senior Health Insurance Information Program

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Times, They Are A Changing.....

Now that we are in 2005, the changes in Medicare are starting to begin. Other changes are also taking place in the SHIIP office. Jina Ragland has been added to our staff as a Training Specialist. Jina is responsible for updating our manual material, creating our newsletter and brochures, and assisting with training, presentations, counseling, and.....other duties as assigned. She has proven to be worth her weight in gold and already you are viewing her many talents. Another change coming to the SHIIP is my recent resignation. I have been offered a wonderful opportunity to work for AARP Nebraska beginning in April. I am thrilled to continue working with Nebraska's aging population and to expand my horizons in issues that will affect all of us. The hard part is my departure from SHIIP and all of the dear people I have met. I am confident our paths will cross as we continue to work in assisting the Medicare beneficiaries.

You will find this newsletter is full of the latest SHIIP happenings in Nebraska and the information needed to prepare ourselves for educating on the changes in Medicare. Please find the nearest volunteer update trainings listed for your area and be sure to attend. There is plenty to do this year and your attendance at trainings is vital. We will begin with a focus on finding beneficiaries who are eligible for the low-income subsidy assistance through Social Security or the Nebraska Health and Human Services office. Those individuals who are below 150% of the Federal Poverty Level may be able to receive assistance in paying for their Medicare Prescription Drug Plan in 2006. Social Security will have many outreach events that SHIIP volunteers are encouraged to attend.

It will be a gang-buster year with plenty to be done. Don't be afraid to share your Medicare knowledge with the people in your community. Your Regional Representative and SHIIP office staff are here to provide you guidance along the way. I have truly enjoyed our time together and hope to see your faces in the community when I come to visit!

Your Biggest Fan,

VOLUNTEER HIGHLIGHTS

Ongoing Dedication

The following volunteers are to be congratulated for sending in contact forms documenting counseling efforts with beneficiaries since the last newsletter. SHIP Volunteers and staff submitted contacts with **2147** beneficiaries during the past three months! Way to go!

Lo'Raine Antonson	Joyce Mack
Frank Balderson	Jodi Mackin
Carol Barr	Robert Martin
Dorann Bartels	Shirley McCall
James Barry	Chet McPherson
James Bendorf	Dick Messersmith
Harry Bianchi	Donna Mulder
Susan Block	Janice Nason
Rita Brehmer	Donna Nelson
Tena Cline	Diane Nieveen
Gladys Cooper	Jeannette Pappas
Shauna Dahlgren	Loren Parks
Houston Doan	Margaret Petro
Angela Early	Sally Pichler
Lisa Franco	Jill Randolph
Donna Garwood	Helen Riley
Morris Gotschall	Jacki Rittscher
Barbara Graham	Sharon Roberds
Kathy Gruba	Pamela Roberts
Bill Hamilton	Marliss Rockwell
Helen Hancock	Jody Roeker
Nyla Heese	Addie Schroeder
Marilyn Henry	Nancy Schwisow
Raymond Herbert	Carol Sinner
Cathy Hitz	Tess Sinner
Jennifer Holt	Michelle Stephens
Marcia Holtz	Betty Stiles
Angela Howell	Iola Sutton
Evelyn Humlicek	Amy Theis
Mary Humphrey	Steven Trickler
Roylene Jenkins	James Umshler
Lucy Johnson	Diane White
Ruth Kamino	
Wayne Kempf	
Sunny Kontor	
Trudy Kubicek	
Karen Kuhn	
Kim Langdon	
Dorothy Lee	
Janice Libich	

Public and Media Outreach Events

Over the past few months, SHIP staff and volunteers have done an amazing total of **218** outreach events across the state. So, once again, the SHIP volunteers have been so active, there just is not room in the newsletter to include a detailed description of each and every outreach activity. Listed below are the names of the volunteers who submitted Public and Media Outreach forms for activities in the past few months. You are doing great!! Keep up the good work!

Marilyn Alber	Crystal Johnson
Dawn Bailey	Susan Johnson-Mead
Patricia Bailey	Lonni Kallhoff
Frank Balderson	Dennis Kamprath
Carol Barr	Ann Kroeger
Jim Barry	Karen Kuhn
Peg Becker	Carolyn LeBar
James Bendorf	Dorothy Lee
Jane Bonczynski	Robin Lobeda
Dolores Brown	Joyce Mack
Tiffany Chisholm	Chet McPherson
Tena Cline	Linda Munn
Houston Doan	Donna Nelson
Leonard Finnegan	Diane Nieveen
Lisa Franco	Jody Ninemire
Sandra Freeberg	Judy Packett
Donna Garwood	Nancy Peartree
Leslie Gatzemeyer	Jill Randolph
Barbara Graham	Sharon Roberds
Terri Groteluschen	Cathy Schievelbein
Bill Hamilton	Addie Schroeder
Stacy Haskell	Betty Stiles
Toni Helzer	Brenda Syfie
Lyn Hemphill	Steven Trickler
Ruth Heule	Diane White
Jennifer Holt	Susan Williams
Marcia Holtz	Jennifer Wilwerding

Volunteers Make It Happen!!



GOLD RECORD



SUSAN BLOCK

Susan Block has been a SHIIP volunteer since April 2004. Susan works for the Aging Office of Western Nebraska as a Services Coordinator, but has gone the extra mile to assist beneficiaries with the Medicare-approved drug discount card program. Susan has taken her personal time to assist at least 12 beneficiaries with the Drug Card comparison from her home. She has printed out the comparison information and sat down one on one to explain their choices and assist with enrollment and any troubleshooting required including communicating with pharmacies.



FRANK BALDERSON

A SHIIP volunteer since April 2004, Frank Balderson has jumped right into his counseling efforts. Frank, who lives in Scottsbluff, enjoys public speaking and has traveled to three different counties in the Panhandle for numerous SHIIP presentations. Frank also submits a column to the Gering Courier monthly on different Medicare issues. The column is appropriately named "Frankly Speaking."



BILL HAMILTON and JOYCE MACK

Bill Hamilton and Joyce Mack, of Omaha, have been SHIIP volunteers since April 16, 2001. Both need to be applauded for their initiative in learning how to work the Prescription Drug Assistance Programs (PDAP) tool on the Medicare website. At the end of the year, the Volunteers Intervening for Equity office sent out more than 50 Personal Information Worksheets to persons who were interested in the Medicare-approved drug discount card program. As those Personal Information Worksheets came back, the VIE staff found themselves strapped for time to get them all put into the computer. Bill and Joyce took the initiative to learn the PDAP tool so they could assist with getting the Personal Information Worksheets done, as well as assisting clients at a local senior center that they visit every Monday.



ANGELA EARLY

Angela Early, of Lincoln, has been an active volunteer with SHIIP since November 2004. Angela generously jumped in and assisted the SHIIP office in putting together numerous numbers of binders for the upcoming Initial Trainings. At such a vital time the extra assistance and support was appreciated to pull off and make the training for so many new volunteers happen.

Promotional Items

The SHIIP office still has several promotional items that volunteers can use at booths, presentations, or when counseling. Items include: key chains with a wrist cord, magnet clips, **NEW** ink pens and pencils, and pill pouches. All items provide the SHIIP hotline number to call for questions about Medicare. Contact Sue at the SHIIP office if you're interested in these items.

KEY MEDICARE DATES

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January

New preventive benefits available:
·“Welcome to Medicare Physical”
·Cardiovascular Screenings
·Diabetes Screenings

February

March

· SHIIP Initial Trainings
·March 31 last day to get full \$600 credit on Medicare-approved drug discount card

April

·SHIIP Initial Trainings

May

·SHIIP Update Trainings
·Social Security Administration (SSA) begins accepting applications for people with low income applications
·Mid May—SSA mails notices to dual eligibles
·May 25th—Aug. 16 SSA mails applications to people with low incomes

June

·Letters from Medicare will be sent out to anyone who will be automatically enrolled in the Drug Benefits Program
·June 30 last day to get \$450 credit on Medicare-approved drug discount card

July

·SSI begins processing LIS applications and making determinations
·Beneficiaries will begin receiving mailings about Medicare Advantage plans

August

September

·Beneficiaries in Medigap plans get letter on creditable coverage
·September 30, last day to get \$300 credit on Medicare-approved drug discount card

October

·Begin comparing the benefits for Medicare Prescription Drug Plans:
*www.medicare.gov
*1-800-MEDICARE
·Medicare and You handbook mailed to all beneficiaries

November

·Open Enrollment begins Nov. 15 for Medicare Prescription Drug Plans—ends May 15, 2006
·Auto enrollment for new dual eligibles
·Beneficiaries in retiree plans get mailing on creditable coverage

December

TRAINER NOTES

Welcome Spring!

Spring has sprung and SHIIP is preparing for a busy year. There is no way to describe how much our volunteers are going to be needed to help with the Medicare Prescription Drug Benefit enrollment that begins later this year. Every volunteer went above and beyond the call of duty last year to help with the Medicare-approved drug discount cards, and I am so proud of each of you. I wish there was a little vacation time, but the roll-out of information about the Prescription Drug Benefit, including details of the additional assistance to help persons with low-income, is right around the corner.

As you read in Robin's letter on the front page, the SHIIP is going through a transition period, hiring a new Coordinator and possibly other new support staff. Robin is an invaluable knowledge resource, and her wonderful leadership abilities will be missed. The Medicare questions keep coming in, and SHIIP will need strong volunteer support.

It is time for the Spring SHIIP Update Trainings. It is imperative that volunteers attend an update in order to be aware of the newest changes happening with the Medicare Prescription Drug Benefit, Medicare Advantage Plans, and Medicare supplement insurance policies. The dates of the trainings are listed below, but watch for more information from your Regional Representative. If you're not able to attend the training in your area, you are welcome to attend any one available! Just call your Regional Rep to arrange it.

This next year is going to be exciting. We're going to be busy, and we may feel a little overwhelmed at times by all there is to learn. Just keep in mind that no matter how confused we may feel, it just shows how much the beneficiaries are going to need us to help them through this new Medicare world. They can do it, and **we can do it!**

Take care, and keep up the GREAT work!

INITIAL	UPDATE
Scottsbluff: March 23-24	Kearney: May 3
Lincoln: March 22-23	Omaha: May 6
Norfolk: March 30-31	Norfolk: May 24
North Platte: March 31-April 1	Scottsbluff: May 24
Kearney: April 6-7	Beatrice: TBA
Beatrice: April 13-14	Lincoln: May 17
Omaha: May 11-12	Five Star: May 4 or May 5
Five Star: TBA	North Platte: May 24
Hastings: TBA	Hastings: May 18

OVERVIEW OF MEDICARE PRESCRIPTION DRUG PLANS

Eligibility and Enrollment

The new Medicare Prescription Drug Coverage begins on January 1, 2006. Initial open enrollment will begin November 15, 2005 and will run for six months to May 15, 2006. In later years, open enrollment will run from November 15 to December 31 for the next benefit year. The enrollment periods for Prescription Drug Plans (PDP) and Medicare Advantage (MA) plans will run concurrently.

Anyone entitled to Medicare Part A or enrolled in Part B is eligible to join the new Medicare drug benefit plan. Joining will involve selecting an approved PDP or MA plan offering drug coverage, and enrolling in that plan for the year. While full dual eligible beneficiaries (persons who have both Medicare and Medicaid with prescription drug coverage) will be auto-enrolled after having the opportunity to select a plan themselves, enrollment for all other beneficiaries is entirely voluntary. However, beneficiaries who choose not to join at the first opportunity may have to pay a higher premium if they later choose to enter the program. This increase in premium is similar to the higher premium currently in place for late enrollment in Medicare Part B and is meant to make sure that people don't wait until they are sick to sign up.

Beneficiaries who have other sources of drug coverage – through a former employer, for example – may stay in that plan and not enroll in one of the new drug plans under Medicare. If their other coverage is at least as good as that offered under Medicare, the beneficiary can avoid any late enrollment penalties when or if they lose that coverage and choose to enroll in a Medicare plan at some later date.

The new drug benefit has an “opt-in” rule. That means with limited exceptions, beneficiaries will need to make an affirmative statement to enroll in a prescription drug plan by filling out an enrollment form and joining an approved plan. This will be different from the “opt-out” rule that exists in Part B, where people are deemed to have enrolled in the program when they turn 65 unless they notify Medicare otherwise.

Low-income beneficiaries who need help with Medicare drug costs can file for subsidy eligibility determinations with the Social Security Administration (SSA) or with the State Department of Health and Human Services (DHHS). SSA has developed a simplified application that is scan-able and an application to be used via the Internet. Beneficiaries will be able to complete the application themselves or with the help of State or other community based support organizations, like SHIP. State personnel and other partners assisting beneficiaries will use the SSA application and eligibility determination process.

Keep in mind that beneficiaries who are dually eligible for Medicare and Medicaid, about 6.4 million, as well as those in a Medicare Savings Program (QMB, SLMB, and QI beneficiaries – about one million individuals) will not have to complete an eligibility application. These beneficiaries are deemed eligible and will automatically qualify for the subsidy. Non-full benefit dual eligible individuals will still need to enroll in a plan offering prescription drug benefits.

Premium, Deductible and Cost Sharing

Beneficiaries who do not fall into one of several low-income categories, and therefore do not qualify for additional assistance available to these individuals, will be responsible for monthly premiums, annual deductibles and cost sharing, up to a certain point.

The standard benefit features a \$250 annual deductible and 25 percent beneficiary cost sharing, up to an initial coverage limit of \$2,250. After that, catastrophic coverage begins once a beneficiary reaches \$3,600 in out-of-pocket expenses (\$5,100 in total drug spending). To be counted as out-of-pocket expenses, the beneficiary (or another individual, such as a family member) must actually be paying the costs. In general, the costs cannot be paid by another insurer and count toward the \$3,600 limit, though contributions by state pharmacy assistance programs do count. In the catastrophic coverage range, the beneficiary pays the greater of 5 percent cost sharing or \$2 and \$5 co-pays. This catastrophic coverage is something that has not been available to most Medicare beneficiaries, even those with supplemental coverage, since the Medicare-approved Medigap plans did not allow such coverage.

Currently, Medicare beneficiaries without prescription coverage pay full retail prices. With coverage under one of the Medicare prescription drug plans, beneficiaries will save in two ways – first through the direct coverage, and second when they pay for drugs out of their own pockets, they will be making purchases based on prices that are substantially reduced from what they otherwise would pay as a result of their plan's negotiated discounts with manufacturers.

SHIIP Volunteers - mark your calendars to attend the Spring SHIIP Update training in your area! The Update training will focus on understanding the new Medicare Prescription Drug Coverage, and on discussing outreach and counseling strategies.

**A list of the Update Training dates is on page 5 of this newsletter. Contact your Regional Representative for more information.
1-800-234-7119**

Fast Track Appeals –Medicare Advantage Plans

Medicare beneficiaries have certain guaranteed rights. They have the right to a fair, efficient, and timely process for appealing decisions about healthcare payments or services. Medicare Advantage plans now offer beneficiaries the right to a “Fast Track” appeals process. They can receive a quick review whenever they are receiving services from a skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility and they feel that services are ending too soon.

The Medicare Advantage enrollee will receive a written letter from the plan provider, **“Important Message of Medicare Non-Coverage,”** at least 2 days prior to the coverage ceasing. This letter must state the date Medicare coverage will end, the date on which the enrollee will be liable for cost of the care, how to get a more detailed notice explaining why the MA plan decided to terminate Medicare coverage, and how to request a “Fast Track” appeal. The enrollee must request the “fast track” appeal by noon on the following day that the Important Message was received.

The Independent Review Entity (IRE), made up of independent doctors, review the case and decide if the enrollee’s services need to continue. The IRE must reach a decision by the day after the records are received from the Medicare Advantage plan. If the IRE decision agrees with the enrollee, the IRE may choose to set a new termination date for coverage, or may instruct the Medicare Advantage plan to start the process again if and when the decision is made to terminate Medicare coverage. If the decision is in agreement with the Medicare Advantage plan, the enrollee remains liable for the cost of the care effective the date the IRE decision is made.

Medicare Approved Drug Discount Card

The Medicare-approved drug discount cards are still available in 2005 and continue to be an important way for many beneficiaries to save money on their prescription drugs. Drug discount cards are available to all Medicare beneficiaries unless they are a Medicaid recipient. To be eligible for the \$600 credit, a beneficiaries’ income must be below **\$12,919 (single person) or \$17,320 (couple) in 2005.**

The amount of credit the beneficiary receives depends on the enrollment period.

January 1 – March 31: \$600.00
April 1 – June 30: \$450.00
July 1 – September 30: \$300.00
October 1 – December 31: \$150.00

Any credit remaining on December 31, 2005 may be carried into 2006 and applied toward the cost of medications, until the beneficiary is enrolled in a Medicare Prescription Drug Plan.

WELCOME, NEW VOLUNTEERS!

Several new volunteers have been added to the SHIP roster since the last newsletter.

Please welcome:

Jean Armstrong, Scottsbluff
Jeanie Ashley, Scottsbluff
Bruce Bellamy, Lincoln
Jane Bonczynski, Columbus
LaNora Clay, Lincoln
Kevin Cline, Pleasant Dale
Gladys Cooper, Lincoln
Mary Dailey, Wahoo
Lori Dannar, Scottsbluff
Delwyn Dearborn, Lincoln
Lowell Gordon, Lincoln
Terri Groteluschen, Columbus
Ruth Heule, Columbus
Joyce Kubicek, Lincoln
Danette Larkins, Lincoln
Carolyn LeBar, Hastings
Patty Levos, Utica
Roseanne Loseke, Scottsbluff
Linda Munn, Central City
Sylvain Okitotete, Lincoln
Jean Penton, Lincoln
Katie Phipps, Lincoln
Pat Ringlein, Scottsbluff
Alynn Risseuw, Scottsbluff
Susan Schawe, Scottsbluff
Julia Stroebel, Lincoln

Still Taking Applications for the Medicare Replacement Drug Demonstration

Medicare recently announced another update to the list of coverable drugs and conditions under the Medicare Replacement Drug Demonstration. The condition Ankylosing Spondylitis has been added for the drug, Enbrel.

Since the beginning of March, only 21,334 beneficiaries are enrolled in the demonstration. Enrollment caps remain at 50,000 beneficiaries or \$500,000,000 in spending.

To qualify for the demonstration, a person must:

- 1) have both Medicare A & B, 2) live in one of the 50 states or the District of Columbia, 3) have Medicare as primary health insurance, and 4) have a doctor certify need of at least one covered drug for the listed indication.

For more information or to receive an application:

*Call (866) 563-5386

*Visit www.medicare.gov

For a complete list of coverable drugs and conditions under the Medicare Drug Demonstration program, contact the SHIP office.

Did you know.....

Thirty-eight percent of seniors say they would be very likely to turn to their doctors for information about the new Medicare prescription drug benefit, while about 3 in 10 say they are very likely to seek help from a Medicare web site or phone number. Another 30 percent of seniors said they plan to ask their pharmacist. (Congressional Quarterly/Kaiser Family Foundation, January 2005)

Q & A

Q. What if my eligibility for a Medicare approved prescription drug discount card is denied? What is the contact information for the Reconsideration Contractor?

A. If you apply for the \$600 credit from Medicare and your enrollment form is denied, the card sponsor will send you, the beneficiary, a letter explaining how to request Medicare to review your enrollment form again. The letter will include reasons for making the decision, a summary of the evidence used in making the determination, and a description of how to request reconsideration. When mailing a reconsideration request, the Medicare beneficiary should keep a copy of the denial letter for his or her records. By requesting reconsideration, an independent review entity, called the Medicare Discount Drug Card Reconsideration Contractor, will review the application and make a final determination. The reconsideration decision is binding; therefore, there is no appeal beyond the reconsideration.

Medicare Drug Card Reconsideration Contractor:

Phone: (800)-567-0757

Fax: (917)-228-8600

Mail: Medicare Drug Card
Reconsideration Contractor
Bowling Green Station
P.O. Box 5042
New York, NY 10247-5042



Q. If a person is insured by the State of Nebraska's Comprehensive Health Insurance Pool (CHIP), and becomes eligible for Medicare A&B due to a disability (under age 65), but only elects Part A, will the CHIP policy coordinate with Part A as secondary and pay as primary on all Part B claims?

A. The CHIP program works like a supplement, but doesn't pay as well as a traditional Medicare supplement policy. Benefits paid under the CHIP program are often calculated using a "carve-out" approach. CHIP will figure its benefit allotment and then reduce its payment, taking into account the amount Medicare paid. Most times, Medicare's 80% payment on Part B claims is equal to what the CHIP plan would have paid, therefore, no payment is made by CHIP.

Issues to Consider:

1. By not electing Part B, the beneficiary would save \$78.20/month in premiums. CHIP would then act as the primary payer for Part B claims. CHIP offers prescription coverage that is not covered under most Medicare Supplement Policies. Effective July 1, 2006 – CHIP's prescription drug coverage will be changing.

2. If the beneficiary does delay Part B, they DO NOT receive a special enrollment period and to enroll in Part B later, they would have to wait until a general enrollment period (January 1 – March 1 of each year) with enrollment not effective until July 1.

3. If the beneficiary delays enrollment in Part B and later elects it prior to their 65th birthday, they would have to pay a penalty on that Part B premium every month until age 65. The penalty is a 10% increase for every 12 full months Part B was delayed.

(See page L4 in your SHIP manual for further information on the CHIP program).

Q&A

Q. How does Medicare work with Medicaid?

A. Medicare is a federal health insurance program for people 65 and older and people with disabilities. Medicaid is a joint federal and state health insurance program for people with low incomes and few assets. Medicaid pays for many medical expenses not covered by Medicare, such as prescription drugs and custodial care at home or in a nursing home.

When you have both Medicare and Medicaid coverage, Medicare is the primary payer and Medicaid pays second. All bills are submitted to Medicare first and the remainder goes through the Medicaid billing system. When you use Medicaid and Medicare and see doctors who accept Medicaid and Medicare, you will receive full coverage. If you go to a doctor who does not take Medicaid or Medicare, you may have to pay all out-of-pocket costs, including deductibles and coinsurance, yourself.

In Nebraska, you are eligible for Medicaid if your income is at or below \$818/month for a single person and \$1090/month for a couple in 2005. If your income is above the full Medicaid levels, but below \$1097/month for a single person and \$1465/month for a couple, then the government will pay your Medicare Part B premium for you if you enroll in the [Qualified Medicare Beneficiary \(QMB\) Program](#) in addition to Medicare. Both Medicaid and the QMB program have asset limits as well.

For help determining Medicaid and the Medicare Savings Program eligibility requirements, either contact the local office of the Nebraska Department of Health and Human Services, (located in the blue pages of your local telephone book) or the Health and Human Services System office at 1-800-685-5456. (Local HHS offices are listed in Section M in the SHIP manual.)

Q. My mother heard that her neighbor is getting \$600 from Medicare to spend on medication. Could my mother be eligible to receive that assistance? She lives off of her Social Security check and needs to take medications for osteoporosis.

A. If your mother's annual income in 2005 is less than \$12,919 (\$17,230 for couples), she may be eligible for a Medicare drug discount card with low-income assistance (also called "transitional assistance"). With transitional assistance, the government will pay the card's annual fee, and 90 to 95% of your mother's drug costs, up to a maximum of \$600 in 2005. If she waits until April to apply for a card, the benefit will be reduced to \$450. (The benefit will be reduced by \$150 every quarter of 2005).

You cannot get this extra assistance if you have prescription drug coverage from Medicaid or a current or former employer, including TRICARE and the Federal Employees Health Benefits program. You can still get the assistance if you have drug coverage from the Department of Veterans Affairs.

You can get the Medicare drug card with low-income assistance no matter what your assets, what you owe or how much you have in savings.

Nebraska's 2005 Medigap Comparison Guide

The 2005 Medicare Supplement Insurance Comparison Guide will be available in April. Mark your calendars and let Sue, at the SHIP office, know if you are interested in a copy.

THIS & THAT

2005 Deductible Set for Medicare Supplement High Deductible Plans

Eleven companies in Nebraska offer high deductible options on Plans F & J. Each year the amount of the deductible is increased with the Consumer Price Index. For 2005, a \$1730 deductible must be met before the plan will pay claims. Medicare Supplement policies with a high deductible option generally cost less than those with lower or no deductibles. However, it is important to know that there are additional deductibles with each plan that must be met, including prescription drug and foreign travel emergencies.

Reporting/Attendance Requirements Must be Met

As volunteers know, SHIIP has instituted a minimum reporting requirement for volunteers. Each volunteer must submit a minimum of four client contact and/or outreach forms every year to retain his or her active status, continue getting newsletters, manual updates, etc. Volunteers who have not submitted at least four client contact and/or outreach forms between April 1, 2004 and March 31, 2005 will no longer be considered active volunteers and will be taken off the SHIIP mailing list and are required to return the green SHIIP manual. If you have any questions about this requirement or would like help with ideas to increase your outreach efforts, please contact your regional representative. The new changes in Medicare offer the perfect opportunity to do outreach in your community. The SHIIP program hates losing any volunteers, but the federal grant requirements must be met in order to continue offering quality training to active volunteers. **Please get all client contact and public and media activity forms for any counseling done prior to March 31st, 2005, into your regional representative no later than April 30, 2005.**

It is **VERY IMPORTANT** that all volunteers attend the Spring and Fall 2005 updates in order to maintain their active status with the program. Many opportunities will be provided for all volunteers to receive these trainings in different formats.

* In Sadness... *

* The SHIIP program lost an invaluable volunteer on March 11. Chet McPherson of
* Lincoln, was a SHIIP volunteer for 2 years and spent 19 years working at the LIFE office
* in Lincoln helping the elderly understand their insurance. We will miss Chet and his
* outstanding dedication to helping others.

*

WHAT'S NEW

New Brochures Available

We have several new or updated brochures created by the SHIIP office and the Centers for Medicare & Medicaid Services. It is essential that volunteers use only the most current and up-to-date information when counseling beneficiaries. To receive a copy of any or all of the new brochures, please contact Sue at the SHIIP office or your regional representative by calling the SHIIP hotline, 1-800-234-7119.

New Brochures (with revision date)

Enrolling in Medicare (6/04)

Medicare & Home Health Care (8/04)

Your Medicare Benefits (7/04)

Medicare Advantage PFFS tri-fold (2/05)

Prescription Drug Assistance flier (1/05)

The Facts About Medicare Prescription Drug Plans
(7/04)

Staying Healthy—Medicare's Preventive Services
(12/04)

Medicare Due to a Disability 2005 (2/05)

Medicare Advantage in Nebraska HMO/POS (2/05)

Nursing Home Resident 2005 (3/05)

Savings for People with Medicare (3/05)

Nebraska's Comparison Guide for Medicare

Supplement Insurance (4/05)

Personal Information Worksheet for Comparing
Medicare Approved Drug Discount Cards (3/05)

Drug Discount Card Fact Sheet (3/05)

SHIIP Staff Changes

Jina Ragland is the new SHIIP Training Specialist. Jina and her family (husband Kurt and 17 month old daughter, Kinsley) recently moved to Lincoln from Atkinson, NE. She has several years experience working with LTC facilities & consumers relating to Medicare, Medicaid & LTC Insurance issues. Jina will be focusing most of her time on the SHIIP manual, newsletter, & brochure development, as well as assisting with answering hotline calls, consumer counseling and education.

✱

Ted Boyer recently accepted the Lincoln Regional Representative position with the Lincoln Area Agency on Aging. Ted is married and has two children attending college. He recently retired from the Internal Revenue Service and has a background in accounting.

✱

Robin Szwaneck resigns as SHIIP Coordinator effective April 8th.

PREVENTING COMPLICATIONS SAVES MONEY

Diabetes complications are costing the United States an estimated \$2.5 billion dollars, according to a new study from the Agency for Healthcare Research and Quality (AHRQ).

Complications from diabetes include heart disease, stroke, kidney failure, blindness, and nerve and blood circulation problems that can lead to lower limb amputations.

According to the report, inpatient hospital stays totaled \$3.8 billion and two-thirds of the hospital stays could have been prevented with appropriate primary care. The Medicare program had the largest share of preventable costs at \$1.3 billion. The study estimated Medicaid's potentially preventable costs at \$386 million. The study recommends improved primary and preventive care, including interventions for cardiovascular disease, careful monitoring of people with diabetes who have a prior admission for diabetes to prevent multiple hospitalizations, and enhanced services for high risk populations. Effective January 1, 2005, Medicare has added new preventive benefits covering cardiovascular and diabetes screenings, as well as a physical for new enrollees into Part B.

New 2005 Income Guidelines

The new 2005 Federal poverty guidelines were recently released. These new numbers create new income guidelines for qualification of the State Medicaid assistance programs.

To access the 2005 Federal Poverty Rates: <http://aspe.hhs.gov/poverty/05poverty.shtml>

2005 INCOME GUIDELINES (per month)	SINGLE	COUPLE
100% NE Medicaid Assistance	\$818	\$1090
Part B Premium Assistance (QMB)	\$1067	\$1425

Spousal Impoverishment Protection Act: In 2005, the spouse at home (community spouse) is able to keep at least half of all countable assets, up to a maximum total of **\$95,100**, and a minimum total of **\$19,020**. Minimum allowable income is \$1605/month.

Medicare-approved drug discount cards: To be eligible for the \$600 credit, a beneficiary's income must be below **\$12,919 (single person) or \$17,320 (couple)** in 2005.

Volunteers doing outreach should inform beneficiaries about the availability of these programs. All clients should be referred to the nearest Health and Human Services office (listed in Section M of your manual) for determination of eligibility. Included in the SHIP manual (Section I) is information on the variety of Medicaid programs available in the state, and details about certain health insurance policies whose premiums are disregarded when the state determines income eligibility.

Nebraska SHIP has brochures available regarding Medicaid eligibility. Contact Sue, at the SHIP, to order these publications.

Survey Says.....

Chronic conditions such as arthritis and hypertension are prevalent and increasing among the Medicare population. According to Kaiser Family Foundation, 65.4 percent of people with Medicare have two or more chronic conditions. And according to a report by Johns Hopkins University, that number is likely to increase as the population ages. In 2002 there were 125 million people (almost half of all Americans) living with a chronic condition and by 2020, the number is estimated to increase to 157 million due to aging population.

For more on chronic conditions, read the report, "Chronic Conditions: Making the Case for Ongoing Care" (<http://www.kintera.org/TR.asp?ID=M67632737031304212645865>) prepared by John Hopkins University for The Robert Wood Johnson Foundation.

Nebraska Medicare Partners

Several Nebraska Medicare partners are dedicated to assisting you with your Medicare issues and other related health insurance concerns you may have. These partners include:

Medicare Part A provides information on:

- Inpatient hospital services
- Skilled nursing facility services
- Outpatient facility services/procedures
- Rehabilitation services

*Blue Cross/Blue Shield of Nebr. or Mutual of Omaha.
Call 1-800-Medicare (1-800-633-4227)*

Medicare Part B handles your claims for:

- Medical/professional services rendered in an office, inpatient or outpatient settings
- Lab tests, x-rays and diagnostic tests
- Ambulance transportation

Blue Cross/Blue Shield of Kansas. Call 1-800-Medicare (1-800-633-4227)

DMERC processes claims for durable medical equipment & supplies including:

- Home dialysis equipment
- Immunosuppressive & oral anti-cancer drugs
- Therapeutic shoes for diabetics
- Wheelchairs, walkers, canes, etc.
- Power operated vehicles

CIGNA. Call 1-800-Medicare (1-800-633-4227)

Quality Improvement Organization handles quality of health care issues including:

- Inpatient hospital, skilled nursing facility, and home health care
- Your rights as a patient, including premature discharge issues
- Care in a Medicare HMO

Call CIMRO of Nebraska at (800) 458-4262

Nebraska Department of Health and Human Services, Unit on Aging is a State Agency providing information about:

- Nebraska Aging Network
- Benefits Eligibility Screening Services
- Long-Term Care Ombudsmen
- ECHO – Medicare Fraud and Abuse
- Legal service referrals
- Care management services in the home

Call Unit on Aging at (800) 942-7830

Veterans Affairs assists with questions regarding Veteran's benefits at (877) 222-8387

Railroad Retiree Board handles Medicare eligibility and enrollment for railroad retirees. *Call 402-221-4641*

Federal Employee Health Benefits Program answers questions about FEHBP and Medicare for federal retirees. *Call 1-888-767-6738*

Social Security Administration can help you with:

- Medicare eligibility and enrollment
- Changing your address for Medicare
- Replacing your Medicare card
- Questions on Medicare premiums

Call SSA at (800) 772-1213

Nebraska Dept of Health & Human Services handles:

- Medicaid spend-down
- Medicare Savings Programs

Call HHSS at (800) 685-5456

Nebraska Department of Insurance will help you with:

- Health, Life, Auto, & Property insurance questions
- Filing an insurance complaint pertaining to your insurance coverage
- Insurance Fraud complaints

Call NDOI at (877) 564-7323

Nebraska Dept of Health and Human Services, Dept of Regulation & Licensure, handles complaints on:

- Licensed & certified health care providers, including long-term & non-long-term care facilities

Call Dept. of Reg. at (402) 471-2133

SHIIP, Nebraska Senior Health Insurance

Information Program is a State Counseling program providing information about:

- Medicare supplemental insurance
- Medicare HMOs
- Long-term care insurance
- Medicaid, QMB, and SLMB programs
- Comprehensive Health Insurance Pool (CHIP)

Call SHIIP at (800) 234-7119

Home Health Intermediary can assist with:

- Information about Home Health or Hospice Care

Cahaba GBA. Call 1-800-Medicare (1-800-633-4227)

Department of Labor is the Federal Agency that assists with COBRA questions and employer requirements on group health insurance plans. *Call the Dept of Labor at (866) 444-3272*

Coordination of Benefits Office assists beneficiaries with Medicare primary/secondary payer determination when multiple insurance coverage exist. *Call COB at (800) 999-1118*



Nebraska Department of Insurance
ATTN: SHIIP Program
941 "O" Street, Suite 400
Lincoln, NE 68508-3639
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